

# TRANSMITTAL FORM

(for all correspondence after initial filing)

Attorney Docket No. <b>RYA-129</b>	Total Pages
Application Number <b>08/946,341</b>	
Filing Date <b>10/7/97</b>	
First Named Inventor <b>STEPHEN J. BROWN</b>	
Group Art Unit <b>3436</b>	
Examiner <b>MICHAEL ASTORINO</b>	

## ENCLOSURES (check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)          | <input type="checkbox"/> Response to Notice of Missing Parts         |
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Small Entity Statement                      |
| <input checked="" type="checkbox"/> Fee Attached                                | <input type="checkbox"/> Declaration by Inventors                    |
| <input checked="" type="checkbox"/> Response/Amendment                          | <input type="checkbox"/> Assignment papers                           |
| <input type="checkbox"/> After Final Rejection                                  | <input type="checkbox"/> Power of Attorney by Assignee               |
| <input type="checkbox"/> After Allowance communication to Group                 | <input type="checkbox"/> IDS/PTO-1449                                |
| <input checked="" type="checkbox"/> with Corrected Drawing(s) Total Sheets: [2] | <input type="checkbox"/> with copies of cited references             |
| <input type="checkbox"/> with Affidavits/Declarations                           | <input type="checkbox"/> New Power of Attorney and Revocation of Old |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Change of Correspondence Address            |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Other:                                      |

## SIGNATURE OF AGENT

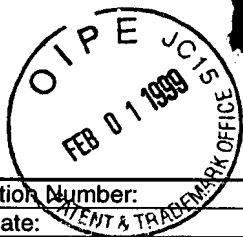
NAME	<b>MAREK ALBOSZTA, REG. NO. 39,894</b>
Signature	
Date	<b>29 Jan. '99</b>

## Certificate of Mailing by "Regular Mail"

I hereby certify that this correspondence is being deposited on the date indicated below as first class mail with the U.S. Postal Service addressed to the ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.

**MAREK ALBOSZTA**  
**REG. NO. 39,894**

DATE OF MAILING: **29 Jan. '99**



# FEE TRANSMITTAL

Application Number:	08/946,341
Filing Date:	10/7/97
First Named Inventor:	Stephen J. Brown
Title of Invention:	Networked System for Interactive Communication and Remote Monitoring of Individuals
Group Art Unit:	3736
Examiner:	Michael Astorino
Attorney Docket No.:	RYA-129

## Fee Calculation:

for ☐ Large Entity / ☒ Small Entity.

### Basic Billing Fee:

<input type="checkbox"/> Utility Patent Application:	\$760 / \$380	\$
<input type="checkbox"/> Provisional Patent Application:	\$150 / \$75	\$

### Claims:

<input checked="" type="checkbox"/> Previous Number of Total Claims Over 20: [26]		
<input checked="" type="checkbox"/> Current Number of Total claims over 20: [41]		
<input checked="" type="checkbox"/> Additional claims [15]	x \$18 / \$9 =	\$ 135
<input checked="" type="checkbox"/> Previous No. Indep. Claims over 3: [1]		
<input checked="" type="checkbox"/> Current No. of Indep. Claims: [2]		
<input checked="" type="checkbox"/> Additional Indep. Claims: [1]	x \$78 / \$39 =	\$ 39

### Other Fees:

<input checked="" type="checkbox"/> Extension of time, 1 month	\$110 / \$55	\$ 55
<input type="checkbox"/> Extension of time, 2 months	\$380 / \$190	\$
<input type="checkbox"/> Extension of time, 3 months	\$870 / \$435	\$
<input type="checkbox"/> Extension of time, 4 months	\$1360 / \$680	\$
<input type="checkbox"/> Missing Parts Surcharge (Regular Application)	\$130 / \$65	\$
<input type="checkbox"/> Missing Parts Surcharge (Provisional Application)	\$50 / \$25	\$
<input type="checkbox"/> Recordation of Assignment Document	\$40	\$
<input type="checkbox"/> Issue Fee	\$1210 / \$605	\$
<input type="checkbox"/> Printed Patent; Number of Copies: [ ]	x \$3 =	\$

**TOTAL PAYMENT:** \$ 229

### Method of Payment:

☒ Payment Enclosed  
☒ Check

### Signature of Applicant, Attorney, or Agent

  
Marek Alboszta, Reg. No. 39,894

Date

29 Jan. '99